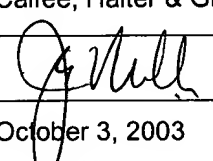
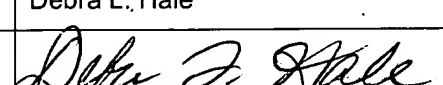
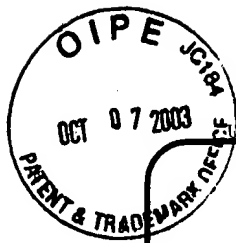


ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<div>- Check for \$1,306.00</div> <div>- Return receipt postcard</div>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Or Individual name	Calfee, Halter & Griswold, LLP	
Signature	 Customer No. 24024	
Date	October 3, 2003	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited via U.S. First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.			
Typed or printed name	Debra L. Hale		
Signature		Date	October 3, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$)**1,306.00**

Complete if Known

Application Number	09/812,605
Filing Date	March 20, 2001
First Named Inventor	Richard E. Pearl
Examiner Name	Gregory E. Webb
Group Art Unit	1751
Attorney Docket No.	27200/04005

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OCT 16 2003
TC 1700

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 03-0172 Deposit Account Name: Calfee, Halter & Griswold LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75
SUBTOTAL (1)		\$	
2. EXTRA CLAIM FEES			
Total Claims	35	Extra Claims	-20**
Independent Claims	4	Fee from below	15
Multiple Dependent			x 18 = 270
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
103	18	203	9
102	86	202	43
104	270	204	135
109	80	209	40
110	18	210	9
SUBTOTAL (2)		\$356	
** or number previously paid, if greater; For Reissue, see above			
		* Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$) 950	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John B. Miller	Registration No. (Attorney/Agent)	26,206
Signature		Telephone	(216) 622-8679
		Date	October 3, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Customer No. 24024